

**Summer 2006**

Exact date and location to be determined

***What is Make it Happen?***

*Make it Happen* is an all expense paid summer program that offers a series of workshops and fun recreational activities, and gives participants the opportunity to experience life on a college campus. Workshops cover why college is valuable, how to get into college, how to pay for college, and how to be successful in college. Participants will also have the opportunity to get to know other students who they can learn from and stay connected with in the future.

***Who should complete an application?***

Students must meet the following eligibility requirements:

1. Interested in learning more about college.
2. Recognized as a dependent youth in Washington State, federal or tribal out-of-home care.
3. **Currently** one of the following:
  - A sophomore in a Washington State high school.
  - A junior in a Washington State high school.
  - A senior *not* eligible for the Governor's Scholarship in a Washington State high school.\*  
OR
  - In a GED program or graduated from a GED program.

*\*High school seniors who are eligible to apply for the Governor's Scholarship should not complete the attached form and should instead complete the Governor's Scholarship application. By applying to the Governor's Scholarship, students are automatically considered for Make it Happen.*

Priority will be given to first time Make It Happen attendees.

***What types of activities will be at the program?***

Students will experience life on a college campus for four days and three nights at *Make it Happen*. They will get to know other students with similar backgrounds and similar goals, attend college lectures in classrooms together, and hear from many captivating and inspirational guest speakers. Participants will also learn about the college admissions process and how to apply for financial aid and other scholarships (free money that will help you pay for college). Students will get information that will help them go to college with confidence. And much more!

***When is the application deadline?***

Applications must be mailed (and postmarked) by Monday, April 3, 2006.

***When will I hear the results?***

The Washington Education Foundation plans to notify all applicants, in writing, of the selection decisions by no later than Monday, May 1, 2006 (mail date).

*Questions or concerns?* Call toll free 1.877.655.4097 or email [makeithappen@waedfoundation.org](mailto:makeithappen@waedfoundation.org)

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**Part One – Eligibility Checklist**

Applicants must meet the three eligibility requirements in Part One. Please type or neatly print all responses.

1. I am interested in learning more about college.
2. I am recognized as a dependent youth in Washington State, federal or tribal out-of-home care.
3. I am **currently** (check one box):
  - A sophomore in a Washington State high school. Name of high school: \_\_\_\_\_
  - A junior in a Washington State high school. Name of high school: \_\_\_\_\_
  - A senior in a Washington State high school. \*  
Name of high school: \_\_\_\_\_

OR

- In a GED program or graduated from a GED program. Name of GED program: \_\_\_\_\_

\*High school seniors who are eligible to apply for the Governor's Scholarship should not complete the attached form and should instead complete the Governor's Scholarship application. By applying to the Governor's Scholarship, students are automatically considered for Make it Happen.

**Part Two – Applicant Information**

Please answer all questions on this application. If a question does not apply to you, write "not applicable" (N/A).

Applicant Name: \_\_\_\_\_ (First, MI, Last)

Date of Birth: \_\_\_\_\_ (Month/ Day/ Year) Age: \_\_\_\_ Current Grade: \_\_\_\_ Gender:  Female  Male

Mailing Address: \_\_\_\_\_ Apt #: \_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Home Phone: (\_\_\_\_ \_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_ \_\_) \_\_\_\_\_ - \_\_\_\_\_

Where did you hear about this program? \_\_\_\_\_

Did you attend *Make it Happen* 2005?  Yes  No

***If you move prior to Make it Happen, please notify WEF of your new contact information by calling toll free 1.877.655.4097 or emailing [makeithappen@waedfoundation.org](mailto:makeithappen@waedfoundation.org).***

The following items in Part Three are optional and are collected for research and program development purposes:

Are you a U.S. Citizen?  Yes  No If no, are you a legal permanent resident?  Yes  No

Ethnicity (how you best describe yourself; please read all choices and choose only one):

African  American Indian  Asian, Asian American  Pacific Islander

Black American  White or Caucasian  Hispanic – of European ancestry

Hispanic/Latino—of Mexican, Central or South American or Caribbean (Cuban, Puerto Rican, Dominican) ancestry

Multi-Racial (please specify) \_\_\_\_\_  Other (please specify) \_\_\_\_\_

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### **Part Four – Essay Questions**

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When writing your essays, please keep the following in mind:

- Type and submit your essay responses on separate paper, including your name and date of birth.
- Give yourself enough time to produce responses that are thoughtful, specific and complete.
- WEF encourages applicants to seek help reviewing and proofreading their essays.

Essay Questions:

1. First describe your educational and career goals. Then tell us about your best personal strengths and character traits that will help you reach your goals (200 – 300 words)?
2. What do you hope to gain from *Make it Happen* (100-200 words)?

### **Part Five – Expectations and Certification**

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*I agree to (please initial after each line) :*

- ✓ Follow all program guidelines and participate fully in all activities; if I am not feeling well and need to leave a workshop or activity, I will let my peer mentor know and check-in with the Information Center staff. \_\_\_\_\_
- ✓ Remain on the college campus at all times and in my assigned residence hall room at night during sleeping/lights out times. \_\_\_\_\_
- ✓ Refrain from the use or possession of illegal substances, including alcohol and/or tobacco products.
- ✓ Refrain from instigating and/or participating in any illegal activities. \_\_\_\_\_
- ✓ Wear the name badge that I will be issued at all program activities for the duration of the event. \_\_\_\_\_
- ✓ Refrain from public or private displays of affection. Males and females will be residing on separate floors in the residence halls, and are not allowed on floors of the other gender (unless otherwise scheduled on the agenda to meet in a lounge with their color team). \_\_\_\_\_
- ✓ Be respectful of others and property; this includes using socially appropriate language at all times, wearing clothing items that follow high school dress codes and not mistreating others or property. \_\_\_\_\_
- ✓ Respond and follow instructions from Washington Education Foundation staff and all *Make it Happen* mentors and volunteers. \_\_\_\_\_

I certify by my signature below that I have read, understand and will adhere to the expectations of the WEF at *Make it Happen*. To the best of my knowledge, all information and statements submitted are current, complete, and accurate and that the essays accompanying this form are substantively my own work, although they may have been reviewed or proofread. I understand that if information is found to be false or inaccurate, it is sufficient cause for cancellation of my *Make it Happen* application. I give permission for my caregiver(s), social worker and the Department of Social and Health Services to release any information to the Washington Education Foundation in regards to this application and any other materials there of. I further understand that the information submitted in this application may be shared between the Washington Education Foundation (WEF) staff, the *Make it Happen* Advisory Committee, my caregiver(s), social worker(s), Washington State Independent Living Programs and the Department of Social and Health Service.

**Applicant Name:** \_\_\_\_\_ (First, MI, Last)

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Part Six – Verification and Recommendation**

To be completed by Caregiver/ Foster Parent for eligibility screening:

The student named below is submitting an application for the Washington Education Foundation's *Make it Happen* summer program. All youth who participate in this program will have peer mentors and adult supervision throughout the program. However, there will be times when each youth may be independently responsible for getting to and from sessions and activities on the college campus. Therefore, all youth will be expected to follow all rules and regulations, and to act in a safe manner at all times.

**Check the box(s) below if this student has any serious health or behavior concerns that may pose harm to himself/herself or others during *Make it Happen* and attach a letter explaining these concerns (there will be an additional form to collect health information in the registration packet sent out after the selection process).**

Health concerns     Behavior concerns

Applicant Name: \_\_\_\_\_ (First, MI, Last)

Name of DSHS Social Worker: \_\_\_\_\_ (First, MI, Last)

DSHS/Social Worker Phone Number: (\_\_\_\_\_) \_\_\_\_\_

DSHS/Social Worker Email: \_\_\_\_\_ @ \_\_\_\_\_

DSHS Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Total length of time in care: \_\_\_\_\_ (In Months)    # of placements: \_\_\_\_\_

Name of Primary Caregiver/Foster Parent: \_\_\_\_\_ (First, MI, Last)

Primary Caregiver/Foster Parent Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Primary Caregiver/Foster Parent Email: \_\_\_\_\_ @ \_\_\_\_\_

By signing below, I certify that the applicant is recognized as a dependent youth in Washington State, federal or tribal out-of-home care and recommend this student for *Make it Happen, the College Experience*.

Primary Caregiver/Foster Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail your completed application including your essay responses to:**

***Make it Happen!***  
**Washington Education Foundation**  
**1605 NW Sammamish Road, Suite 100**  
**Issaquah, WA 98027**  
**Fax: 425.416.2001**

Questions or concerns? Call toll free 1.877.655.4097 or email [makeithappen@waedfoundation.org](mailto:makeithappen@waedfoundation.org).